FORM S1

SID | M | 8 | 3 | 0 | 8 |

IN CONFIDENCE

1. SURVEY 3 7
   PSU
   BLOCK
   DWELLING
   HOUSEHOLD
   PERSON

AUSTRALIAN BUREAU OF STATISTICS

POPULATION SURVEY

AUGUST 1983

2. SEX
   Male 1
   Female 2

3. AGE
   YEARS

4. MARITAL STATUS
   Married 1
   Separated 2
   Divorced 3
   Widowed 4
   Never married 5

5. S.D. ONLY
   S.D. Institutionalised person (*No more questions*) .. 1
   S.D. Boarding school pupil (*No more questions*) .. 2
   S.D. Other 3

6. COUNTRY OF BIRTH
   Australia (*Go to Q.8*) 01
   U.K. and Ireland 02
   Italy 03
   Greece 04
   Yugoslavia 05
   Holland 06
   Germany 07
   New Zealand 08
   Other .. .. ..

7. YEAR OF ARRIVAL

8. SCHOOL ATTENDANCE
   (*If age 15 to 20*)
   Date of leaving school (month and year) — month year
   Still attending 1111

9. PERSON TYPE
   Usual resident of P.D. (*Go to Q.11, complete Q.12 to Q.15 when editing*) 1
   Visitor to P.D. 2
   S.D. 3

10. WHAT IS THE POSTCODE OF THE SUBURB OR TOWN WHERE .... USUALLY LIVES?
    A. *If respondent knows postcode, enter in boxes below* 1
    If respondent does not know postcode, ask for:– 2
    Suburb .....
    City/Town .....
    State .....
    When editing, enter postcode in boxes below.
    Not known.. 3
    B. Postcode

11. **I WOULD LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ..... AND ENDING LAST SUNDAY THE ..... THAT IS, LAST WEEK**
    (*Go to Q.17*)

12. HOUSEHOLD TYPE
    1 (*Nothing further*) 1
    2 2
    3 3
    4 4
    5 5
    6 (*Complete Q.14*) 6
    7 (*Complete Q.14*) 7
    8 (*Complete Q.14*) 8
    9 (*Nothing further*) 9

13. Husband (*Complete Q.15*) .. 1
    Wife (*Nothing further*).. .. 2
    Son/daughter (*Nothing further*) 3

14. Father/mother 1
    Son/daughter (*Nothing further*) 2

15. *If Household Type 2, 3 or 6 in Q.12, nothing further.*
    If Household Type 4, 5, 7 or 8 in Q.12, enter number of children aged 0 to 14 years

16. OFFICE USE ONLY
    Relationship .. .. A
    Family No... .. .. B
    Children 0-14 years .. C
    UR scope/coverage exclusion D
    Incomplete H/H, L/U .. E
    Schedule, initial response F
    Schedule, final response G
    H

17. LAST WEEK, DID .... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?
- Yes (*Go to Q.19*) .. .. [ ] 1
- No .. .. [ ] 2
- Permanently unable to work (*No more questions*) .. .. [ ] 3

18. LAST WEEK, DID .... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?
- Yes .. .. [ ] 1
- No (*Go to Q.38*) .. .. .. [ ] 2

19. DID .... HAVE MORE THAN ONE JOB LAST WEEK?
- Yes (*Go to Q.22*) .. .. [ ] 1
- No .. .. [ ] 2

20. WHAT KIND OF WORK DID .... DO?

.....

.....

.....

[ ][ ][ ]

21. *Go to Q.28*

22. WAS THAT BECAUSE .... CHANGED JOBS DURING THE WEEK?
- Yes .. .. [ ] 1
- No (*Go to Q.25*) .. .. .. [ ] 2

23. WHAT KIND OF WORK DOES .... DO NOW?

.....

.....

.....

[ ][ ][ ]

24. *Go to Q.27*

25. WHAT KIND OF WORK DOES .... DO IN EACH OF .... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

26. IN WHICH JOB DOES .... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.25 ○
- Job 2 in Q.25 ○

[ ][ ][ ]

27. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

28. DID .... WORK – FOR AN EMPLOYER FOR WAGES OR SALARY? (*Go to Q.30*) [ ] 1
- IN .... OWN BUSINESS WITH EMPLOYEES?.. .. [ ] 2
- WITH NO EMPLOYEES? .. [ ] 3
- WITHOUT PAY IN A FAMILY BUSINESS? (*Go to Q.30*) .. [ ] 4
- WHAT ARE .... WORKING ARRANGEMENTS?
- Payment in kind (*Go to Q.30*) [ ] 5
- Unpaid voluntary work (*Go to Q.62*) .. .. .. [ ] 6

29A. IS .... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes .. .. [ ] 1
- No .. .. [ ] 2

B. WHAT IS THE FULL NAME AND ADDRESS OF .... BUSINESS?

.....

.....

.....

[ ]

C. *Go to Q.31*

30. WHO DID .... WORK FOR? (Name/Full address)

.....

.....

.....

31. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

[ ][ ][ ]

32A. ON WHICH DAYS DID .... WORK LAST WEEK (IN ALL JOBS)?

	Yes	No		Yes	No
MON	○	○	SAT	○	○
TUE	○	○	SUN	○	○
WED	○	○			
THU	○	○			
FRI	○	○			

B. DID .... HAVE ANY TIME OFF FROM .... JOB(S) ON THOSE DAYS? ○ ○

C. DID .... WORK ANY PAID OR UNPAID OVERTIME ON ANY DAY LAST WEEK?
- Yes .. .. [ ] 1
- No .. .. [ ] 2
- Other .. .. [ ] 3

D. HOW MANY HOURS DID .... ACTUALLY WORK LAST WEEK (LESS THE TIME OFF) (BUT) (COUNTING THE OVERTIME)?
- 35 hours or more (*Go to Q.78*) .. .. [ ][ ]
- 15-34 hours (*Go to Q.34*) [ ][ ]
- 1-14 hours .. .. .. [ ][ ]
- Less than 1 hour (*Go to Q.51*) [ ] 98
- No hours (*Go to Q.51*).. .. [ ] 99

33. *Sequence Guide*
- *If worked "without pay in a family business" (i.e. code '4' in Q.28), go to Q.62* .. .. [ ] 1
- *Otherwise, go to Q.34* .. [ ] 2

34. IN THAT JOB (THOSE JOBS) DOES .... USUALLY WORK LESS THAN 35 HOURS A WEEK?
- Yes .. .. [ ] 1
- No (*Go to Q.36*) .. .. .. [ ] 2

35. WOULD .... PREFER A JOB IN WHICH .... WORKED MORE HOURS A WEEK?
- Yes (*Go to Q.61*) .. .. [ ] 1
- No (*Go to Q.78*) .. .. [ ] 2
- Don't know (*Go to Q.78*) .. [ ] 3

36. WHY DID .... WORK LESS THAN 35 HOURS LAST WEEK?
- Own illness or injury .. .. [ ] 1
- Leave, holiday or flextime/ personal reasons .. .. .. [ ] 2
- Began job during week .. .. [ ] 3
- Left/lost job during week .. [ ] 4
- On strike/locked out .. .. [ ] 5
- Bad weather/breakdown .. [ ] 6
- Stood down/on short time/ insufficient work.. .. .. [ ] 7
- Shift work/standard work arrangements .. .. .. [ ] 8
- Other .....

.....

..... [ ] 9

37. *Go to Q.78*

38. DID ..... HAVE A JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?
- Yes .. .. [ ] 1
- No (*Go to Q.62*) .. .. [ ] 2

39. DID ..... HAVE MORE THAN ONE JOB?
- Yes (*Go to Q.42*) .. .. [ ] 1
- No .. .. [ ] 2

40. WHAT KIND OF WORK DOES ..... DO?

.....

.....

.....

[ ][ ][ ]

41. *Go to Q.45*

42. WHAT KIND OF WORK DOES ..... DO IN EACH OF ..... JOBS?

Job 1: .....

.....

.....

Job 2: .....

.....

.....

43. IN WHICH JOB DOES ..... USUALLY WORK THE MOST HOURS?
- Job 1 in Q.42 ○
- Job 2 in Q.42 ○

[ ][ ][ ]

44. I WOULD NOW LIKE TO ASK YOU ABOUT THAT JOB.

45. WHO DOES ..... WORK FOR? (Name/Full address)

.....

.....

.....

46. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

[ ][ ][ ]

47. DOES ..... WORK —
- FOR AN EMPLOYER FOR WAGES OR SALARY? (*Go to Q.51*) .. .. .. [ ] 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? .. [ ] 2
- WITH NO EMPLOYEES? [ ] 3
- WITHOUT PAY IN A FAMILY BUSINESS? (*Go to Q.62*) .. .. .. [ ] 4
- WHAT ARE ..... WORKING ARRANGEMENTS?
- Payment in kind (*Go to Q.51*) [ ] 5
- Unpaid voluntary work (*Go to Q.62*) .. .. .. [ ] 6

48. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?
- Yes (*Go to Q.51*) .. .. [ ] 1
- No .. .. [ ] 2

49. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury .. .. [ ] 1
- Holiday/personal reasons .. [ ] 2
- No work available .. .. [ ] 3
- Bad weather/breakdown .. [ ] 4
- On strike/locked out .. .. [ ] 5
- Other .....

..... [ ] 6

50. *Go to Q.59*

51. WHY WAS ..... AWAY FROM WORK LAST WEEK?
- Own illness or injury .. .. [ ] 1
- Leave, holiday or flextime/ personal reasons (*Go to Q.57*) [ ] 2
- Bad weather/breakdown (*Go to Q.57*) .. .. .. [ ] 3
- Stood down (*Go to Q.54*) .. [ ] 4
- No work/insufficient work (*Go to Q.55*) .. .. .. [ ] 5
- On strike/locked out (*Go to Q.59*) .. .. .. [ ] 6
- Usually works less than 1 hr a week/began job/lost job (*Go to Q.62*) .. .. .. [ ] 7
- Other (*Go to Q.57*) .....

.....

..... [ ] 8

52. WAS ..... ON WORKERS' COMPENSATION LAST WEEK?
- Yes .. .. [ ] 1
- No (*Go to Q.57*) .. .. [ ] 2

53. WILL ..... BE RETURNING TO WORK FOR ..... EMPLOYER?
- Yes (*Go to Q.59*) .. .. [ ] 1
- No (*Go to Q.62*) .. .. [ ] 2
- Don't know (*Go to Q.62*) .. [ ] 3

54. WHY WAS ..... STOOD DOWN?
- Bad weather/breakdown (*Go to Q.57*) .. .. .. [ ] 1
- Other .. .. [ ] 2

55. WAS ..... PAID OR WILL ..... BE PAID FOR ANY OF LAST WEEK?
- Yes (*Go to Q.59*) .. .. [ ] 1
- No .. .. [ ] 2

56. HOW LONG HAS ..... BEEN AWAY FROM WORK WITHOUT PAY?
- One Week (*Go to Q.59*) .. [ ] 1
- Two weeks (*Go to Q.59*) .. [ ] 2
- Three weeks (*Go to Q.59*) .. [ ] 3
- Four weeks or more (*Go to Q.62*) .. .. .. [ ] 4

57. UP UNTIL THE END OF LAST WEEK, HOW LONG HAD ..... BEEN AWAY FROM WORK?
- Less than 4 weeks (*Go to Q.59*) [ ] 1
- 4 weeks or more .. .. [ ] 2

58. WAS ..... PAID OR WILL ..... BE PAID FOR ANY PART OF THE LAST FOUR WEEKS?
- Yes .. .. [ ] 1
- No (*Go to Q.62*) .. .. [ ] 2

59. HOW MANY HOURS A WEEK DOES ..... USUALLY WORK IN (ALL) ..... JOB(S)?
- 35 hours or more (*Go to Q.78*) .. .. .. [ ] 1
- 1-34 hours .. .. [ ] 2
- No hours (*Go to Q.62*) .. [ ] 3

60. WOULD ..... PREFER A JOB IN WHICH ..... WORKED MORE HOURS A WEEK?
- Yes .. .. [ ] 1
- No (*Go to Q.78*) .. .. [ ] 2
- Don't know (*Go to Q.78*) .. [ ] 3

61. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?
- Yes (*Go to Q.64*) .. .. [ ] 1
- No (*Go to Q.78*) .. .. [ ] 2

62. AT ANY TIME DURING THE LAST 4 WEEKS HAS ..... BEEN LOOKING FOR FULL-TIME WORK?

- Yes *(Go to Q.64)* . . . . [ ] 1
- No . . . . . [ ] 2

63. HAS ..... BEEN LOOKING FOR PART-TIME WORK AT ANY TIME DURING THE LAST 4 WEEKS?

- Yes . . . . . [ ] 1
- No *(No more questions)* . . [ ] 2

64. AT ANY TIME IN THE LAST 4 WEEKS HAS .....

- WRITTEN, PHONED OR APPLIED IN PERSON TO AN EMPLOYER FOR WORK? . . . . . [ ] 01
- ANSWERED A NEWSPAPER ADVERTISEMENT FOR A JOB? . . . . . [ ] 02
- LOOKED IN NEWSPAPERS?
  - Yes ( )
  - No ( )
- CHECKED FACTORY OR COMMONWEALTH EMPLOYMENT SERVICE NOTICE BOARDS? . . [ ] 03
- AT ANY TIME IN THE LAST 4 WEEKS HAS .....
- BEEN REGISTERED WITH THE COMMONWEALTH EMPLOYMENT SERVICE? [ ] 04
- CHECKED OR REGISTERED WITH ANY OTHER EMPLOYMENT AGENCY? [ ] 05
- DONE ANYTHING ELSE TO FIND A JOB?
  - Advertised or tendered for work . . . . . [ ] 06
  - Contacted friends/relatives [ ] 07
  - Other *(Go to Q.78)*
    .....
    .....
    ..... [ ] 08
  - Only looked in newspapers *(Go to Q.78)* . . . . . [ ] 09
  - None of these *(Go to Q.78)* . . [ ] 10

65. *Sequence Guide*

- *If works and looking for full-time work (i.e. '1' in Q.61), go to Q.78* . . . . [ ] 1
- *Otherwise, go to Q.66* . . [ ] 2

66. IF ..... HAD FOUND A (PART-TIME) JOB COULD ..... HAVE STARTED WORK LAST WEEK?

- Yes *(Go to Q.71)* . . . . [ ] 1
- No . . . . . [ ] 2
- Don't know *(Go to Q.71)* . . [ ] 3

67. WHAT WERE THE REASONS ..... COULD NOT HAVE STARTED WORK LAST WEEK?

- Own illness or injury . . . . [ ] 1
- Going to school *(No more questions)*. . . . [ ] 2
- Going to a tertiary institution *(No more questions)* . . . . [ ] 3
- Personal reasons, family responsibilities *(No more questions)* . . . . [ ] 4
- Waiting to start job *(Go to Q.69)* . . . . . [ ] 5
- Other *(No more questions)*
  ..... [ ] 6

68. UP UNTIL THE END OF LAST WEEK HOW LONG HAD ..... BEEN ILL?

- Less than 4 weeks *(Go to Q.71)* [ ] 1
- 4 weeks or more *(No more questions)*. . . . [ ] 2

69. WHEN WILL ..... BE STARTING WORK IN THAT JOB?

- Less than 4 weeks . . . . [ ] 1
- 4 weeks or more *(No more questions)*. . . . [ ] 2

70. IF THE JOB HAD BEEN AVAILABLE LAST WEEK, WOULD ..... HAVE STARTED THEN?

- Yes . . . . . [ ] 1
- No *(No more questions)* . . [ ] 2

71. WHEN DID ..... BEGIN LOOKING FOR WORK?

.....

- Less than 2 weeks . . . . [ ] 001
- No. of weeks . . [ ][ ][ ]

72. HOW LONG AGO IS IT SINCE ..... LAST WORKED FULL-TIME FOR TWO WEEKS OR MORE?

.....

- Under 2 years (no. of weeks) [ ][ ][ ]
- 2 years or more *(No more questions)* . . [ ] 104
- Never worked *(No more questions)* . . [ ] 999

73. WHAT KIND OF WORK DID ..... DO?

.....
.....
.....
.....
[ ][ ][ ]

74. WHO DID ..... WORK FOR? (Name/Full address)

.....
.....
.....

75. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE WAS CARRIED OUT AT THAT ADDRESS?

.....
.....
.....
[ ][ ][ ]

76. DID ..... WORK —

- FOR AN EMPLOYER FOR WAGES OR SALARY? *(No more questions)* . . . . [ ] 1
- IN OWN BUSINESS — WITH EMPLOYEES? . . [ ] 2
- WITH NO EMPLOYEES? [ ] 3
- WITHOUT PAY IN A FAMILY BUSINESS? *(No more questions)* . . . . [ ] 4
- WHAT WERE ..... WORKING ARRANGEMENTS?
  - Payment in kind *(No more questions)* . . . . [ ] 5
  - Unpaid voluntary work *(No more questions)* . . . . [ ] 6

77. WAS ..... BUSINESS A LIMITED LIABILITY COMPANY?

- Yes *(No more questions)* . . [ ] 1
- No *(No more questions)* . . [ ] 2

78. *Sequence Guide*

- *If wage or salary earner ('1' in Q.28 or Q.47) or limited liability company ('1' in Q.29A or Q.48), go to Q.79* . . [ ] 1
- *If '2' in Q.29A or Q.48, go to Q.88* . . . . . [ ] 2
- *Otherwise, no more questions* [ ] 3

79. IN ..... JOB WITH *(Employer in Q.29B, Q.30 or Q.45)* HOW OFTEN IS ..... PAID?

- Weekly *(Go to Q.80W)* . . [ ] 1
- Fortnightly *(Go to Q.80F)* . . [ ] 2
- Monthly *(Go to Q.80M)* . . [ ] 3
- Other *(Go to Q.80W)*
  .....
  .....
  ..... [ ] 4

80W. *Interviewer: Show 'Weekly Pay' Yellow prompt card W.*

80F. *Interviewer: Show 'Fortnightly Pay' Green prompt card F.*

80M. *Interviewer: Show 'Monthly Pay' Pink prompt card M.*

IN WHICH OF THESE GROUPS WAS ..... LAST TOTAL (WEEKLY/FORTNIGHTLY/MONTHLY) PAY — BEFORE TAX, OR ANYTHING ELSE, WAS TAKEN OUT?

Interviewer: If 'Other' in Q.79, record weekly equivalent.

- Group 01-15 *(Specify)* *(Go to Q.82)* . . . . [ ][ ]
- Group 16 . . . . . [ ] 16

81. HOW MUCH WAS ..... LAST PAY, BEFORE TAX OR ANYTHING ELSE WAS TAKEN OUT?

Interviewer: If 'Other' in Q.79, record weekly equivalent.

$ [ ][ ][ ][ ]

82. DID THAT PAY INCLUDE ANY PAID LEAVE OR OVERTIME?

- Yes *(Go to Q.83A)* . . . . [ ] 1
- No *(Go to Q.83B)* . . . . [ ] 2

83A. HOW MANY HOURS OF WORK, PAID LEAVE AND OVERTIME, DID THAT LAST (WEEKLY/FORTNIGHTLY/MONTHLY) PAY COVER?

83B. HOW MANY HOURS OF WORK DID THAT LAST (WEEKLY/FORTNIGHTLY/MONTHLY) PAY COVER?

- Record full hours [ ][ ][ ]
- On Workers' Comp *(Go to Q.88)* . . . . [ ] 999

84. *Sequence Guide*

- *If paid weekly ('1' in Q.79), go to Q.87* . . . . . [ ] 1
- *If paid fortnightly ('2' in Q.79), go to Q.85* . . . . [ ] 2
- *Otherwise, go to Q.88* . . [ ] 3

85. *Interviewer:*

- *Interviewing in week 1* . . [ ] 1
- *Interviewing in week 2* . . [ ] 2

86. WAS ..... PAID LAST WEEK OR WAS ..... PAID THE WEEK BEFORE LAST?

- Last week . . . . . [ ] 1
- Week before last . . . . [ ] 2
- Neither . . . . . [ ] 3

87. ON WHAT DAY DOES ..... GET PAID?

- Monday. . . . . [ ] 1
- Tuesday. . . . . [ ] 2
- Wednesday . . . . . [ ] 3
- Thursday . . . . . [ ] 4
- Friday . . . . . [ ] 5
- Saturday . . . . . [ ] 6
- Sunday . . . . . [ ] 7
- Varies . . . . . [ ] 8

88. *Sequence Guide*

- *If '2' in Q.19, go to Q.89* . . [ ] 1
- *If '2' in Q.22, go to Q.91* . . [ ] 2
- *If '1' in Q.39, go to Q.90* . . [ ] 3
- *Otherwise, go to Q.101* . . [ ] 4

89. DID ..... HAVE A SECOND JOB, BUSINESS OR FARM THAT ..... WAS AWAY FROM LAST WEEK BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?

- Yes . . . . . [ ] 1
- No *(Go to Q.101)* . . . . [ ] 2

90. AT ANY TIME DURING THE LAST FOUR WEEKS HAS ..... WORKED IN ..... SECOND JOB?

- Yes . . . . . [ ] 1
- No . . . . . [ ] 2

91. IN ..... SECOND JOB, DOES ..... WORK —

- FOR AN EMPLOYER FOR WAGES OR SALARY? *(Go to Q.93)* . . . . . [ ] 1
- IN ..... OWN BUSINESS WITH EMPLOYEES? . . [ ] 2
- WITH NO EMPLOYEES? . . [ ] 3
- Anything else *(Go to Q.96)* . . [ ] 4

92. IS ..... BUSINESS A LIMITED LIABILITY COMPANY?

- Yes . . . . . [ ] 1
- No . . . . . [ ] 2

93. WHAT KIND OF WORK DOES ..... DO IN ..... SECOND JOB?

.....

.....

94. WHO DOES ..... WORK FOR? *(Name/Full address)*

.....

.....

.....

95. WHAT KIND OF INDUSTRY, BUSINESS, OR SERVICE IS CARRIED OUT AT THAT ADDRESS?

.....

.....

.....

96. *Sequence Guide*

. *If Q.90 asked, go to Q.101* [ ] 1

. *If '1' in Q.91 or '1' in Q.92, go to Q.97* [ ] 2

. *Otherwise, go to Q.99* [ ] 3

97. LAST WEEK HOW MANY HOURS DID ..... WORK IN ..... SECOND JOB?

Hours [ ][ ]

No hours or less than 1 hour *(Go to Q.100)* [ ] 99

98. *Interviewer: Show 'Second Job' Blue prompt card.*

IN WHICH OF THESE GROUPS WAS ..... TOTAL PAY FOR THOSE *(hours in Q.97)* HOURS. BEFORE TAX, OR ANYTHING ELSE, WAS TAKEN OUT?

Group *(Go to Q.101)* [ ][ ]

99. LAST WEEK HOW MANY HOURS DID ..... WORK IN ..... SECOND JOB?

Hours *(Go to Q.101)* [ ][ ]

No hours or less than 1 hour [ ] 99

100. AT ANY TIME DURING THE LAST FOUR WEEKS HAS ..... WORKED IN ..... SECOND JOB?

Yes [ ] 1

No [ ] 2

101. *Sequence Guide*

. *If wage or salary earner ('1' in Q.28 or Q.47), or limited liability company ('1' in Q.29A or Q.48), go to Q.102* [ ] 1

. *Otherwise, no more questions* [ ] 2

102. DOES ..... BELONG TO ANY SUPERANNUATION OR RETIREMENT BENEFIT SCHEME?

Yes [ ] 1

No *(Go to Q.104)* [ ] 2

Don't know *(Go to Q.104)* [ ] 3

103. IS THIS SCHEME ARRANGED OR PROVIDED BY ..... CURRENT EMPLOYER?

Yes [ ] 1

No [ ] 2

104. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED —

ANY GOODS OR SERVICES FREE OR AT A REDUCED PRICE? [ ] 1

ANY FREE OR DISCOUNTED HOLIDAYS OR HOLIDAY TRAVEL EXPENSES? *(Go to Q.107)* [ ] 2

ANY LOW INTEREST FINANCE? *(Go to Q.109)* [ ] 3

None of these *(Go to Q.111)* [ ] 4

105. WERE THESE PROVIDED BY ..... CURRENT EMPLOYER OR BY SOME OTHER SOURCE?

Current employer [ ] 1

Other source [ ] 2

106. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED —

ANY FREE OR DISCOUNTED HOLIDAYS OR HOLIDAY TRAVEL EXPENSES? [ ] 1

ANY LOW INTEREST FINANCE *(Go to Q.109)* [ ] 2

Neither of these *(Go to Q.111)* [ ] 3

107. WERE THESE PROVIDED BY ..... CURRENT EMPLOYER, OR BY SOME OTHER SOURCE?

Current employer [ ] 1

Other source [ ] 2

108. AS A RESULT OF WORKING FOR *(Employer in Q.29B, Q.30 or Q.45)* HAS ..... RECEIVED ANY LOW INTEREST FINANCE?

Yes [ ] 1

No *(Go to Q.111)* [ ] 2

109. WAS THIS FINANCE PROVIDED BY ..... CURRENT EMPLOYER OR BY SOME OTHER SOURCE?

Current employer [ ] 1

Other source [ ] 2

110. FOR WHAT PURPOSE DID ..... USE THIS FINANCE?

Purchase of/improvements to any housing/land *(a)* [ ] 1

Purchase of motor vehicle *(b)* [ ] 2

Other *(Specify)*

..... *(c)* [ ] 3

111. *Sequence Guide*

. *If SD, go to Q.122* [ ] 1

. *Otherwise, go to Q.112* [ ] 2

112. IS THIS (HOUSE/FLAT/ETC.) OWNED OR BEING BOUGHT BY .....?

Yes [ ] 1

No *(Go to Q.114)* [ ] 2

113. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... WATER, SEWERAGE OR LOCAL GOVERNMENT RATES?

Yes *(Go to Q.117)* [ ] 1

No *(Go to Q.117)* [ ] 2

114. IS THIS (HOUSE/FLAT/ETC.) OWNED OR PROVIDED BY ..... EMPLOYER?

Yes [ ] 1

No *(Go to Q.116)* [ ] 2

115. DOES ..... LIVE HERE AS AN EMPLOYEE ENTITLEMENT?

Yes *(Go to Q.118)* [ ] 1

No [ ] 2

116. DOES ..... EMPLOYER PAY OR SUBSIDISE ANY OF ..... RENT OR BOARD?

Yes *(Go to Q.118)* [ ] 1

No/Respondent doesn't pay rent or board [ ] 2

117. DOES ..... RECEIVE A HOUSING ALLOWANCE FROM ..... EMPLOYER?

Yes [ ] 1

No [ ] 2

118. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... ELECTRICITY, GAS OR OIL EXPENSES?

Yes [ ] 1

No [ ] 2

119. DOES ..... HAVE A HOME TELEPHONE?

Yes [ ] 1

No *(Go to Q.122)* [ ] 2

120. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... HOME TELEPHONE RENT?

Yes *(Go to Q.122)* [ ] 1

No [ ] 2

121. ARE ANY OF THE PRIVATE CALLS MADE FROM ..... HOME TELEPHONE PAID OR SUBSIDISED BY ..... EMPLOYER?

Yes [ ] 1

No [ ] 2

122. DOES ..... EMPLOYER PROVIDE ..... WITH A VEHICLE WHICH ..... USES FOR PRIVATE PURPOSES?

Yes [ ] 1

No *(Go to Q.124)* [ ] 2

123. IS THIS PRIVATE USE RESTRICTED TO TRAVEL TO AND FROM WORK?

Yes [ ] 1

No [ ] 2

124. DOES ..... EMPLOYER ASSIST ..... WITH ..... PRIVATE DAY-TO-DAY TRANSPORT COSTS IN ANY (OTHER) WAY?

Yes [ ] 1

No *(Go to Q.126)* [ ] 2

125. IS THIS ASSISTANCE RESTRICTED TO TRAVEL TO AND FROM WORK?

Yes [ ] 1

No [ ] 2

126. DOES ..... EMPLOYER PAY OR SUBSIDISE ..... —

MEDICAL OR HOSPITAL EXPENSES OR FUND CONTRIBUTIONS? *(a)* [ ] 1

UNION DUES OR PROFESSIONAL ASSOCIATION FEES? *(b)* [ ] 2

MEMBERSHIP OF CLUBS OR SOCIETIES? *(c)* [ ] 3

CHILDREN'S EDUCATION EXPENSES? *(d)* [ ] 4

None of these *(e)* [ ] 5

127. DOES ..... RECEIVE AN ENTERTAINMENT ALLOWANCE FROM ..... EMPLOYER?

Yes [ ] 1

No [ ] 2

128. HAS ..... EVER OWNED SHARES, RIGHTS OR OPTIONS IN *(Employer in Q.29B, Q.30 or Q.45)*?

Yes [ ] 1

No/Not applicable *(Go to Q.130)* [ ] 2

129. DID ..... RECEIVE ANY OF THESE SHARES, RIGHTS OR OPTIONS AS AN EMPLOYEE ENTITLEMENT?

Yes [ ] 1

No [ ] 2

130. *Sequence Guide*

. *If still attending school ('1111' in Q.8), no more questions* [ ] 1

. *Otherwise, go to Q.131* [ ] 2

131. IS CURRENTLY TAKING ANY COURSE OF STUDY AT A TECHNICAL COLLEGE, UNIVERSITY, OR OTHER EDUCATIONAL INSTITUTION?

Yes [ ] 1

No *(No more questions)* [ ] 2

FORM S1

132. IS IT A CONDITION OF ..... EMPLOYMENT THAT ..... DOES THIS STUDY?

Yes *(No more questions)* . . ☐ 1

No . . . . . ☐ 2

133. DOES ..... EMPLOYER ALLOW ..... ANY TIME AWAY FROM WORK TO ATTEND THIS COURSE?

Yes . . . . . ☐ 1

No *(No more questions)* . . ☐ 2

134. IS ..... REQUIRED TO MAKE UP ALL OF THE TIME ..... IS AWAY FROM WORK?

Yes *(No more questions)* . . ☐ 1

No . . . . . ☐ 2

135. IS ANY OF THE TIME OFF ON FULL PAY OR PART PAY?

Yes . . . . . ☐ 1

No . . . . . ☐ 2